The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health	Department,	City of	Baltimor	e. od
Permit No. A 9/	Office of Registra	Portial S	tatistics. Wa	n d
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Person	law. IT FOR BURIAL CAN BE OFFAIN	ed Shrift a Pro	PLE CERTIFICATE.	e accurately filled out,
	TIFICATE		EATH.	W
Date of Death,	chean 30 m	1887	111	
Full Name of Deceased, { Sex. Male or Founds (Cro.)	correctly. If an Infant not named, give names of parents.	der F. D	Zarfranske	,
Sex, Male or Famals, Cro	ss out the word not }	(Unvin	<i>J</i>	,
Age,	Years,	Mont	hs,	Days
Color,		thite		
Married, Single, Widow	or Widower, { Cross out the wor required in this li	ds not }		
Occupation,		11 "		
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,	Dattem	re Pety	-
Duration of Residence in	n the City of Baltimore	, vije	2	-
Place of Death, Give Street a Number.		09. Mas	nes st	//
$\it Cause of Death, egin{cases} { m First (Properties)} \\ { m Second (Cond.)} \end{cases}$	(Immediate),	asthen	ia l	
Duration of Last Sickne	88,	Leife		
Place of Burial St. Co	Chhon sus leen	0 1		
Date of Burial, And	1 31. St 1887	9m	12 Holen	9 M. D.
Undertaker 1) No.	hei anne po A	Adress, Gr	upo of	DO
Extract from Regulations of th	e Board of Health to secure	a full and correc	t record of the Vital	Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the
Bealth Department, City of Baltimore.
The Physician who attended any person in a last illnes responsible for the property from of this Certificate, accurately filled requested so to do, under penalty of law.
CERTIFICATE OF BEATH.
Date of Death, May 30 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 47 Years, Months
Color, . White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Original
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, To Years
Place of Death, {Give Street and } Chrivesta Hobita
Cause of Death, First (Primary), Dementia Suanition Second (Immediate), Exhaustin
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Loudon Park
Date of Burial, June 14/87
JUndertaker, Th. J. Willowson . It. Mitchell M. D.
Place of Business, 746 Columbia Address, University Hispital
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

Registrar of Vital Statistics. The Physician who attended any person in a last illnes, it responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBVAINED WITHOUT A PROPER CERTIFICATE. Date of Death,_ $Full \ \ Name \ of \ \ Deceased, \left\{ \substack{\text{Write legibly and spell} \\ \text{correctly.} \ \ \text{If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \right.$ Sex, Male or Female, { Cross out the word not } required in this line. Years, Age,.. Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. First (Primary),--Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, St Telus Councle Date of Burial, Undertaker, Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the

Extract from Regulations of the Board of Health to secure a full and correct record of the City of Baltimore.

Days.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker

Place of Business,

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, an	d to List of Diseases on	Back of this Certificate.
	Department,	BET BY COLUMN TO SERVE	<i>''</i>	ore.
	Office of Registra			Ward 4
The Physician who attended at to the Undertaker or other person a requested so to do, under penalty of No Permi	ny person in a last/illias, is response superintending the burial, his law. T FOR BURIAL CAR 19 OBTAIN	UII INCHES C		cate, accurately filled out, deceased, or sooner, if
	TIFICATE			0
Date of Death,		May	29-1	7
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names	200 8	vans	1/
Sex, Male or Female, {Cross required:	out the word not } red in this line.	22	rale	1
Age, 75	Years,	Mon	iths,	Days
Color,		***************************************	white	
Married, Single, Widow o	r Widower, {Cross out the wor	rds not }		
Occupation,		Ca	epeuli	Z
Birth Place, State or country, and long in the United if of foreign birth.	i how States,	un Ch	in loo	
Duration of Residence in	the City of Baltimore,	60	1 years	
Place of Death, {Give Street at Number.		3 Son	The High	h St
Cause of Death, { First (Prince of Second (I	mary), mmediate),	art «	Diseas	e,
Duration of Last Sicknes		neven	ttes -	
Place of Burial, Bal	tomore ben	70	1 26-14	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City of Baltimore.

Office of Region Con No Statistics.

	ttended any person in a last il er person superintending the l penalty of law. No PERMIT FOR BURIAL CAN				or sooner, if
C	ERTIFIC		OF DEA		U
	***************************************		May 29	_	
Full Name of Dece	eased, { Write legibly and spel correctly. If an Infan not named, give name of parents.	1 t s}	Same	loager	
Sex, Male or Fema	le, {Cross out the word not }	*	Υ	noise	
Age, 86		2	Months,	21	Days
Color, Brown	n Skin				
Married, Single, W	Vidow or Widower, {	Cross out the words no required in this line.	ma	mis	
		_	~ -	ration	
Birth Place, State or clong in the	country, and how the United States, eign birth.	/		see lo Y	ns
Duration of Resid	lence in the City of B	Baltimore,	. ~	Years	
Place of Death, {Gi			816 W	· much s	~
C - Death	First (Primary),	01	Wage Coa	ndice me	mes
Cause of Death,	Second (Immediate),		2	+ houstin	
	Sickness,	ysician.	Mm	neuro	
Place of Burial,	aurel bemele	cry			
Date of Burial,	May 31. 18	15 /	mmi	0.4.4	76 70
(Undertaker,	John & Som	ace		Medical Attendant.	M. D.
Place of Busines	ss, 213. s barolin	e St Ada	dress, 1220 E	e, Farethe	26
Extract from Regulat	tions of the Board of Heal	th to secure a f	ull and correct recor	d of the Vital Statis	tics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City of

Permit No. Office of Registration Filat Statistics.
The Physician who attended any person in a last ithness it responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the build, within twenty-four leaves after the death of said deceased, or sooner, i
requested so to do under penalty of law
No PERMIT FOR BURIAL CAN BE MAYNE WHERE A PROPER CERTIFICATE.
CEDTIFIC OF DEATH
CERTIFICATE OF DEATH
Date of Death, May 29 18%.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary Chya Swelling.
Sex, Male or Female, {Cross out the word not }
. Y Y I Day
Age, Years, Months, Day
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } // Sughes 68.
Place of Death, \ Number.
Cause of Death, { First (Primary), Deleumonia, Second (Immediate),
Cause of Death, Second (Immediate),
D. S.
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, haurif Courtery
Date of Burial, Man 31 1887
(Undertaker, 113 Progs Delical Attendant.
Johnstaner, Golyching
Place of Business for 4 Contill St Address, 4/2 Majorosto.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

Undertaker,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 27 Office of Regular Hall Statistics. Ward 14
The Physician who attended any person in a saddiness, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the buried within twenty four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 30 6 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents, correctly on the word not)
Sex, Male or Francis, {Cross out the word not }
Age, Years, Months, Days
Color, White
Married, Single, Widow or Widowen, {Cross out the words not }
Occupation, Bookbunder
Birth Place, State or country, and how Baltimore Oily
Duration of Residence in the City of Baltimore, Jung
Place of Death, {Give Street and } Milton Hace # 1025
Cause of Death, Second (Immediate), administered by himself
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Breenmount Cemetry
Date of Burial, June (1889) All Share M. T.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, City of Baltimore,			
Permit No. A 98 Office of Registrar of Vital Statistics. Ward			
The Physician was attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the buriel, within twenty-four hours after the death of said deceased, or sooner.			
If requested so to do, under penalty of law. No Permit for Burial Carlin Ortained without Proper Certificate.			
CERTIFICATE 31 OF DEATH.			
MI LET EL ON LERGY			
Date of Death, Manager 100			
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.			
Sex, Male or Female, {Cross out the word not }			
Age, Years, 93 Months, Days,			
Color, White			
Married, Single, Widow or Widower, {Cross out the word not }			
Occupation, Some			
Birthplace, State or country, and now long in the United States, if of foreign birth.			
Duration of Residence in the City of Baltimore,			
Place of Death, Give street and 722 J. Dallas 97.			
First, (Primary,)			
Cause of Death, Second, (Immediate,) Aneumona			
Duration of Last Sickness, Alvant Ton Rays Al. the above information should be furnished by the Physician.			
Place of Burial, Mill. Carmel Cino			
Date of Burial Opine Sons The Sons To Marticle N. M. D.			
J Undertaker, Medical Australiant.			
Piace of Business, Address, Joseph Jaguerous			
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.			

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furally within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, at the cause and date of death, except in cases of births and deaths of illegitimate children.

Bealth Department, City of Baltimore.
Permit No. A 99 Office of Registrar of Wind Statistics. Ward 6
The Physician who attended any person in a last illness, it especially for the property of an of this Certificate, accurately filled out to the Undertaker or other person superintending the burial with a wenty-four hours are the death of said deceased, or sooner, in
requested so to do, under penalty of law. No Permit for Burial can be Obtain All Open Centificate.
CERTIFICATE DEATH.
Date of Death, May 30 th 1887
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ser Male or Female (Cross out the word not)
Sea, Made of Perfected (required in this line.)
Age, / Years, 9 Months, 26 Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, State or country, and how long in the United States, of Possidence in the City of Baltimore
Duration of Residence in the City of Battemore,
Place of Death, {Give Street and } 20 30 & Chase
Cause of Death, { First (Primary), Tubercular Meningitis
Cause of Death, Second (Immediate),
Duration of Last Sickness, 16 days All the above information should be furnished by the Physician.
Place of Burial, Mr. Cornel em
Date of Burial, Theme! 1884
J. Undertaker, M. D. Medical Attendant.
Place of Business, Address, 1201 M. Eden At-
Extract from Pagulations of the Roard of Health to sacure a full and connect record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

crans is nespectiony invited to the nemarks below, and to list of baseases on back of this Certificate.

The Special Attention of Physicians is Respectfully Invited to the Remarks below; and to List of Diseases on Back of this Certificate.

Baltimore.

Bealth Department, City of

Permit No. A / OO	Office of	Registrar	of Vital	Statistics.	Ward 2	
The Physician who attended to the Undertaker or other person	any person in a las	t illness is in pop	sible for the pres wedly jour hours	sentation of this Certifafter the death of said	icate, accurately filled deceased, or soone	out, er, if
requested so to do, under penalty No Per	of law. MIT FOR BURNAL	AN HE OBTAINE	WITHOUT A P	ROPER CERTIFICATE.	1	
CEI	RTIFN	公, 下三	OF I	DEATH		1
Date of Death,			ma	4 30/	87	
Full Name of Deceased,	Write legibly and a correctly. If an In not named, give na	spell	eny c	Soigg	7	
Sex, Male or Female, {Cro	oss out the word not uired in this line.		7	male		
Age,	Years,		Mon	oths,	4 D	ays
Color,				rloved	4/	
Married, Single, Widow	$or\ Widower,$	{Cross out the words required in this list	s not }		0	
Occupation,						
$Birth\ Place, \{ egin{array}{ll} ext{State or country,} \ ext{long in the Unite} \ ext{if of foreign birth} \ \end{array} \}$	and how d States,	3	42	meel	durry	
Duration of Residence i				Life		
Place of Death, {Give Street Number		5	42	mee	derry	
$Cause of Death, \begin{cases} ext{First (I)} \\ ext{Second} \end{cases}$	Primary), (Immediate),	P) and	ation		
Duration of Last Sickn	ess,		Ţ	ife		
Place of Burial Lenn	00	1				
Date of Burial, MIL	y 31 /	557	Danie	16.2/m	Joseph M.	D
(Undertaker, Milace	all Do	rigee		Medica	Attendant,	<i>D</i> .
Place of Business,	50 Cast	stA	ddress,	28 (le)	quitte	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.